

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037508

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 96

FILED OCT 16 1962

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FAIREAX</u>		c. CITY OR TOWN <u>FORTESCUE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hosp.</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>BOYD JR.</u> Last <u>BOYD JR.</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>8</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/2/1922</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and state or country) <u>FORTESCUE, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN BOYD, SR.</u>	13b. MOTHER'S MAIDEN NAME <u>GRACIE CHUNING</u>	14. NAME OF HUSBAND OR WIFE <u>LUETTA BOYD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>MRS. LUETTA BOYD - FORTESCUE Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peripheral Circulatory collapse</u> <u>Dissecting Aortic Aneurysm</u> <u>Aortic Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 hour</u> <u>years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>4:30 p.m.</u> Month, Day, Year <u>July 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Mound City, Mo.</u>	COUNTY <u>HOLT</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>July 1959</u> to <u>Oct 8, 1962</u> and last saw him alive on <u>Oct 8, 1962</u>
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Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James H. Crawford</u> (Degree or title)	22b. ADDRESS <u>Mound City, Mo.</u>	22c. DATE SIGNED <u>10/8/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-11-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CATRON Cem.</u>	23d. LOCATION (City, town, or county) <u>HOLT County, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>James H. Crawford</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 12, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Therwin A. Schaefer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 14 1963
OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Klaufers

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.